



NAIC Group Code	<u>0000</u>	,	<u>0000</u>	NAIC Company Code	<u>95453</u>	Employer's ID Number	<u>38-2396958</u>
	(Current Period)		(Prior Period)				

Country of Domicile United States

Statutory Home Office 2680 Leonard NE Suite 2, Grand Rapids, MI, US 49525
(Street and Number) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records	829 Forest Hill Ave SE
	(Street and Number)
Grand Rapids, MI, US 49546-2325	616-949-2410-1032
(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number) (Extension)

Statutory Statement Contact Pamela Lea Silva, 616-949-2410-1032
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(E-Mail Address) (Fax Number)

Name	Title	Name	Title
Pamela L Silva	President/CEO	Thomas W Schouten	Secretary
Janet Lederman	Director of Managed Care		

Thomas W Schouten	Pamela L Silva	Richard C Fletcher	Kathy Lentz
Matthew Boutell	Steven A Manifold		

County of

Pamela L Silva President/CEO	Thomas W Schouten Secretary	Janet Lederman Director of Managed Care
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a. Is this an original filing? Yes [☐] No [☐]

b. If no:

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....					.0	
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables	11,776	30,139	.0	23,029	11,776	11,776
7. Totals (Lines 1 through 6)	11,776	30,139	0	23,029	11,776	11,776

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	420,334		418,621	1,713	1,713	0
2. Medical furniture, equipment and fixtures	519,187		459,620	59,567		59,567
3. Pharmaceuticals and surgical supplies	84,416		0	84,416		84,416
4. Durable medical equipment						
5. Other property and equipment	405,889		398,302	7,587		7,587
6. Total	1,429,826	0	1,276,543	153,283	1,713	151,570



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2016				NAIC Company Code		95453
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,076	8	4,323				745			
2. First Quarter	4,363	7	3,592				764			
3. Second Quarter	3,275	9	2,511				755			
4. Third Quarter	3,178	9	2,412				757			
5. Current Year	2,651	8	1,889				754			
6. Current Year Member Months	41,805	96	32,400				9,309			
Total Member Ambulatory Encounters for Year:										
7. Physician	5,570	26	4,366				1,178			
8. Non-Physician	1,296	6	1,001				289			
9. Total	6,866	32	5,367	0	0	0	1,467	0	0	0
10. Hospital Patient Days Incurred	856	0	673				183			
11. Number of Inpatient Admissions	179	0	146				33			
12. Health Premiums Written (b).....	16,587,478	46,457	11,323,939				5,217,082			
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	16,587,478	46,457	11,323,939				5,217,082			
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	17,268,851	39,421	9,562,325				7,667,105			
18. Amount Incurred for Provision of Health Care Services	15,630,488	32,986	8,001,411				7,596,091			

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2016				NAIC Company Code		95453
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,076	8	4,323	0	0	0	745	0	0	0
2 First Quarter	4,363	7	3,592	0	0	0	764	0	0	0
3 Second Quarter	3,275	9	2,511	0	0	0	755	0	0	0
4. Third Quarter	3,178	9	2,412	0	0	0	757	0	0	0
5. Current Year	2,651	8	1,889	0	0	0	754	0	0	0
6 Current Year Member Months	41,805	96	32,400	0	0	0	9,309	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	5,570	26	4,366	0	0	0	1,178	0	0	0
8. Non-Physician	1,296	6	1,001	0	0	0	289	0	0	0
9. Total	6,866	32	5,367	0	0	0	1,467	0	0	0
10. Hospital Patient Days Incurred	856	0	673	0	0	0	183	0	0	0
11. Number of Inpatient Admissions	179	0	146	0	0	0	33	0	0	0
12. Health Premiums Written (b).....	16,587,478	46,457	11,323,939	0	0	0	5,217,082	0	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	16,587,478	46,457	11,323,939	0	0	0	5,217,082	0	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	17,268,851	39,421	9,562,325	0	0	0	7,667,105	0	0	0
18. Amount Incurred for Provision of Health Care Services	15,630,488	32,986	8,001,411	0	0	0	7,596,091	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Grand Valley Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Grand Valley Health Plan, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums.....	252	242	265	276	335
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	336	282	297	422
5. Total hospital and medical expenses.....	11,537	16,435	15,481	15,366	17,741
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	336	18	0	78
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	2,721,402		2,721,402
2. Accident and health premiums due and unpaid (Line 15).....	282,550		282,550
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	441,317		441,317
6. Total assets (Line 28)	3,445,269	0	3,445,269
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	1,518,000	0	1,518,000
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	55,517		55,517
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	501,707		501,707
15. Total liabilities (Line 24).....	2,075,224	0	2,075,224
16. Total capital and surplus (Line 33).....	1,370,045	XXX	1,370,045
17. Total liabilities, capital and surplus (Line 34)	3,445,269	0	3,445,269
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP0
57. Canada	CAN0
58. Aggregate Other Alien	OT0
59. Totals		0	0	0	0	0	0

NONE

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[illegible]

Asterisk	Explanation
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2.	Will an actuarial opinion be filed by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	.....YES.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	.....NO.....
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	.....NO.....
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	.....NO.....
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	.....NO.....
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....YES.....
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....YES.....
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?YES.....

Explanation:

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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Bar code:

11.	 9 5 4 5 3 2 0 1 6 3 6 0 5 9 0 0 0
12.	 9 5 4 5 3 2 0 1 6 2 0 5 0 0 0 0 0
13.	 9 5 4 5 3 2 0 1 6 2 0 7 0 0 0 0 0
14.	 9 5 4 5 3 2 0 1 6 4 2 0 0 0 0 0 0
15.	 9 5 4 5 3 2 0 1 6 3 7 1 0 0 0 0 0
16.	 9 5 4 5 3 2 0 1 6 3 7 0 0 0 0 0 0
17.	 9 5 4 5 3 2 0 1 6 3 6 5 0 0 0 0 0
18.	 9 5 4 5 3 2 0 1 6 2 2 4 0 0 0 0 0
19.	 9 5 4 5 3 2 0 1 6 2 2 5 0 0 0 0 0
20.	 9 5 4 5 3 2 0 1 6 2 2 6 0 0 0 0 0
21.	 9 5 4 5 3 2 0 1 6 3 0 6 0 0 0 0 0
22.	 9 5 4 5 3 2 0 1 6 2 1 1 5 9 0 0 0
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